## EXHIBIT C

United States Bankrupicy Court	Dis	IRICT (	of M	evada		
				PROOF OF CLAIM		
Name of Debtor USA Commercial Mortgage Company Case Number 06-10725-LBR						
NOTE This form should not be used to make a claim for an admini	rotustivo oro	ance amo	ma of	ar the commenceme	n:	
of the case. A request for payment of an administrative expense m					116	
Name of College (7)	I Cha	-l. b 6		as a succession of the services		
Name of Creditor (The person or other entity to whom the debtor owes_money or property)				re aware that anyon of of claim relating		
dcbtor owes money or property) Robert W Ulm Trustee of the Robert W Ulm Living Trust dated 4/11/05		claim A		copy of statement		
<u> </u>				ave never received :	anv	
Name and address where notices should be sent Robert W Ulm -Trustee	notic			inkruptcy court in t		
414 Morning Glory Road	Che	k hox if	the ac	ldress differs from the	he.	
St Marys GA 31558	addr	ess on th		elope sent to you by		THIS SPACE IS FOR COURT USE ONLY
Telephone number 912-673-6020  Last four digits of account or other number by which creditor	-	court.	1 Vre	places	1	
identifies debtor 3748	I	s claim	Har	nends a previously	filed o	claim dated 11 07 06
1 Basis for Claim		R	_	benefits as defined		
Goods sold		1		salaries and comp		* ',
Services performed		L L	ast for	ir digits of your SS	#	
✓ Money loaned     Personal injury/wrongful death			-	compensation for		es performed
Taxes Other See Exhibit A		fr	om	(date)	to_	(date)
				(date)		(date)
2. Date debt was incurred 02/02/04	3	If cou	rt jud	gment, date obtai	ned	
4 Classification of Claim Check the appropriate box or boxes the	hat best des	enbe you	r clan	m and state the amo	ount of	the claim at the time case filed
See reverse side for important explanations		Secur				
Unsecured Nonpriority Claim \$ 688,165		7	Check	this box if your cla	1m 15 S	ecured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	ur claim, or none or	a righ	t of se	etoff)		oosied of conditional (melading
only part of your claim is entitled to priority			Brief	Description of Colla	ateral	
Unsecured Priority Claim		Ŀ			tor Vel	1 1
Check this box if you have an unsecured claim all or part of entitled to priority	which is		Value	of Collateral \$_	Unkn	own
• •				rrearage and other more arrearage and other more arrearage and other more arrearage arrearage arrearage arrearage		s at time case filed included in
Amount entitled to priority \$	_					
Specify the priority of the claim	-	Up to \$2 or service	225* es for	of deposits toward	purch:	ase lease or rental of property ehold use - 11 U.S.C.
Domestic support obligations under 11 U S C \( \square\) 507(a)(1)(A) (\( \frac{a}{a}\)(1)(B)	or	§ 507(a)	(7)			
Wages salaries or commissions (up to \$10 000) * earned within	~ 10A					l umts - 11 U S C § 507(a)(8)
days before filing of the bankruptcy petition or cessation of the debibusiness whichever is earlier - 11 U S C § 507(a)(4)	tor s					11 USC § 507(a)()
Contributions to an employee benefit plan - 11 U S C \ 507(a)		ounts ar with rest	e subj pect to	ect to adjustment of cases commenced	n 4/1/0. on or a	7 and every 3 years thereafter after the date of adjustment
5 Total Amount of Claim at Time Case Filed	a)(3)	688,1		_688,165		
pana,	2_	(unsecun	3d)	(secured)	(pri	688,165 onty) (Total)
Check this box if claim includes interest or other charges in additional charges	dition to the	рппстра	al amo	ount of the claim A	ttach i	temized statement of all
6 Credits The amount of all payments on this claim has been	n credited a	nd deduc	ted fo	r the purpose of	Тн	IS SPACE IS FOR COURT USE ONLY
making this proof of claim  7 Supporting Documents Attach copies of supporting docum						
orders invoices itemized statements of running accounts contri	acts court i	is promis udement	ssory i	notes purchase		4 8667
agreements and evidence of perfection of lien DO NOT SEN	<b>ID ORIGIN</b>	AL DO	CUM:	ENTS If the	an E	D JAN 11 2007
documents are not available, explain If the documents are volu	minous, att	ach a sur	nmary	1	AILE	D O
8 Date-Stamped Copy To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim	iling of you	claim e	enclos	e a stamped, self-		
Date Sign and print the name and title if any lof	the creditor	or other	perso	n authorized to	1	
file this claim (attach copy of power of atto	mey, if any	)	•			LICA CHAO
1 1/100/00	/V'/	nL				USA CMC
( NOW W	~~	uste				1072502088

		OF Nevada			
UNITED STATES BANKRUPTCY COURT	PROOF OF CLAIM				
Name of Debtor USA Commercial Mortgage Company					
NOTF This form should not be used to make a claim for an administrative expense material to the case. A request for payment of an administrative expense material to the case.					
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Pensco Trust Company Custodian for Robert William Ulm IRA  Name and address where notices should be sent	else has filed your claim / giving partice Check box if	you have never received any			
Robert W Ulm -Beneficiary 414 Morning Glory Road St Marys GA 31558	Check box if address on the	the bankruptcy court in this the address differs from the e envelope sent to you by	THIS SEACE IS FOR COURT USE ONLY		
Telephone number 912-673-6020  Last four digits of account or other number by which creditor identifies debtor 3748	the court.  Check here of this claim	replaces	red claim dated 11/06/06		
I Basis for Claim  Goods sold Services performed  ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other  See Exhibit A	☐ W La Ui	etiree benefits as defined in lages salaries, and compens ast four digits of your SS # npaid compensation for ser	IIUSC § 1114(a) ation (fill out below)		
2 Date debt was incurred 11/21/03	3 If cour	rt judgment, date obtaine	d		
4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed see reverse side for important explanations  Unsecured Nonpriority Claim \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$					
5 Total Amount of Claim at Time Case Filed \$ 707,753 707,753 707,753  (unsecuted) (secured) (priority) (Total)  Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all					
6 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  7 Supporting Documents Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS. If the					
documents are not available explain. If the documents are volur  Bate-Stamped Copy To receive an acknowledgment of the fil addressed envelope and copy of this proof of claim.  Date Sign and print the name and title if any of the file this claim (attach copy of power of attor.)	ILED JAN 1 1 2007				
Penalty for presenting fraudulent claim Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S C \$8 152 and 3571					
rine of up to \$500 000 or	nprisonment for up	p to 5 years or both 18 U S	C §§ 152 and 3571		

د ۱۹۵۰ معلومی میکارده فریکهای بایست بدر میسیدی دولولی	PRO	OOF OF CLAIM		
ame of Debtor Case Nun		ımber		
U S A COMMERCIAL MORTGAGE COMPANY	06-1	0725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative arising after the commencement of the case A "request" for paymadministrative expense may be filed pursuant to 11 U S C § 503	• .	Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address		your claim Attach copy of statement giving particulars		
Sail + Lene Roisentul Trustee	-1			
Rosen to 1 Family TRUST		Check box if you have never received any notices from the benkruptcy court or		PROOF OF CLAIM FOR A
74025 KOKOPELLI CIRcle		BMC Group in this case  Check box if this address	ONE OF THE DEST	ST IN A BORROWER THAT IS NOT ORS dy filed a proof of claim with the
PALM DESELT CA 92211-	2075	differs from the address on the envelope sent to you by the		BMC you do not need to file again
Creditor Telephone Number (700 776-9/20		court.	THIS SPACE	IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identif	les debtor	Check here replace or if this claim amen	a previously fi	led claim dated
1 BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U S		Unremitted principal
Goods sold Personal injury/wrongful death		salaries and compensation (		Other claims against servicer
Services performed Taxes		digits of your SS #		(not for loan balances)
Money loaned Other (describe bnefly) See Exhibit A	Unpaid o	compensation for services per	rformed from	(date) to
2 DATE DEBT WAS INCURRED /2-16-2002	3 IF C	OURT JUDGMENT, DATE O	BTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes See reverse side for important explanations	that best descri	ibe your claim and state the amou	unt of the claim at the	time case filed
UNSECURED NONPRIORITY CLAIM \$ 420,268		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim of		Tanal	our claim is secured	d by collateral (including
exceeds the value of the property securing it or if c) none or only part entitled to pnortly	of your claim is	a right of setoff)  Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate	_	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$ UNKNO	
Amount entitled to priority \$				t time case filed included in
Specify the priority of the claim		secured claim if any		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(A)	(B)	Up to \$2,225 of deposits tows	ard purchase lease of	or rental of property or
Wages salaries or commissions (up to \$10 000) earned within 180	*	services for personal family of	r household use 11	USC § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)	닏	Taxes or penalties owed to go		2 2 2 3 22 (2)(2)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	L	Other Specify applicable part Amounts are subject to adjust	stment on 4/1/07 and	every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 420268.11	6 1/> 0	with respect to cases commen	ced on or after the da	2 11
AT TIME CASE FILED (unsecured)	* 720,2	268,16 \$ secured)	( priority)	\$ 420,268.16 (Total)
Check this box if claim includes interest or other charges in addition	•	•	•••	, ,
6 CREDITS The amount of all payments on this claim has been			• •	
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting or</u> running accounts contracts court judgments mortgages secul DOCUMENTS If the documents are not available explain. If the	rity agreement	s and evidence of perfection	of lien DO NOT	ces itemized statements of SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of proof of claim			•	nvelope and copy of this
The original of this completed proof of claim form must be	sent by mail o	or hand delivered (FAXES N	OT	THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 for each person or entity (including individuals, partnership	pm, prevailin	g Pacific time, on Novembe	er 13 2006	USE ONLY
governmental units) BY MAIL TO BMC Group		OR OVERNIGHT DELIVERY TO		0007
BMC Group Attn USACM Claims Docketing Center  BMC Group Attn USACM Claims Docketing Center  HI FD JAN 12			ED JAN 1 2 2007	
P O Box 911	1330 Eas	t Franklin Avenue	1/10	-in-V
DATE SIGN and print the page and title if any	<u> </u>	do CA 90245 r other person authorized to file/)		
this claim (disease opy of powerful)	stiomey if any)	saud thene K	essentul, Th	-
111/4001		Kene Koisentie	الله الله	USA CMC

Penalty for presenting fraudulent claim is a fine of up to \$880,000 or impresonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

1072502281

Case 06-10725-gwz Doc 8452-3 Entered 06/13/11 17:02:05 Page 6 of 12 FORM B10 (Official Form 10) (10/05) DISTRICT OF NEVADA UNITED STATES BANKRUPTEY COURT PROOF OF CLAIM Name of Debtor Case Number USA COMMERCIAL MORTGAGE Co. 06-10725 NOTI- This form should not be used to make a claim for an administrative expense arising after the commercement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Check box if you are aware that anyone Name of Creditor (The person or other entity to whom the else has filed a proof of claim relating to dubtor owes money or property) your claim Attach copy of statement CRESSIFIS RENAINE giving particulars. Check box if you have never received any Name and address where notices should be sent ROBERT C. LEPOME 10/20 S. EASTERN # 200 notices from the bankruptcy court in this case. Check box if the address differs from the LENDERSON, NV 89052 address on the envelope sent to you by THIS SPACE IS FOR COURT USE ONLY Telephone number (702) 492-127/ the court, Check here | replaces Last four digits of account or other number by which creditor if this claim amends a previously filed claim, dated: iacaufies deotor 0049 Retiree benefits as defined in 11 USC § 1114(a) GENERAL UNSECURED O Wages, salaries, and compensation (fill out below) Goods sold Last four digits of your SS #  $\Box$ Services performed Unpaid compensation for services performed Money loaned Personal injury/wrongful death П (date) (date) NEGLICENCE & FRAUD (2)-Other -Date debt was incurred JAN 1, 2005 If court judgment, date obtained: APRIL 12, 2006 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations. Secured Claim Unsecured Nonpriority Claim \$ 3.7. Creeck this nox if your claim is secured by collateral anchaining Check this box if at there is no collateral or tien securing your claim, or a right of seto(1) b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to parority Brief Description of Collateral ☐ Real Estate ☐ Motor Vehicle ☐ Other-Unsecured Priority Claim Value of Collateral Check this box if you have an unsecured claim all or part of which is entitled to priority Amount of arrearage and other charges at time, case file, included in secured claim, if any \$\_ Amount entitled to priority 3\_ Specify the priority of the claim Up to \$2.225" of deposits toward purchase, lease, or rentiling ampenty or services for personal farm, r, or household use - 11 d 5 C Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or § 507(a)(7) (a)(I)(B) ☐ Taxes or penalties owed to governmental units - 11 USC § 507(a)(8). [] Wages, salaries, or commissions (up to \$10,000),\* carned within '50 days before filling of the bankrupacy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(1) Other - Specify applicable paragraph of II USC § 50/(c, \_\_\_\_\_) \*Amounts are subject to adjustment on 4/1/07 and every 3 vice in after with respect to cuses commenced on or after the data of naminaert Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) 37,500 7500 5. Total Amount of Claim at Time Case Filed. (unscored) (secured) (priority) ( 0:4 ) 🖸 Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemated statement of the interest or additional charges Credits: The amount of all payments on this claim has been credited and deducted for the purpose of THE STACE IS HOW CLASSELS. COLLY making this proof of claim. 7. Supporting Documents. Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments mortgages, security agreements, and evidence of perfection of hen DO NOT SEND ORIGINAL DOCUMENTS If the FILED JAN 11 2007 documents are not available, explain. If the documents are voluminous, attach a summary 8. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, selfaddressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

BAR 4 1980

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.

USA CMC 1072501931

FORM B10 (Official Form 10) (10/05)			
UNITED STAILS BANKRUPTCY COURT	Dis	TRICT OF <u>NEVADA</u>	PROOF OF CLAIM
Name of Debtor	Case	Number	
USA COMMUNICAL MORTGAGE COMPANY		06-10725-LBR	4
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma	y be filed	pursuant to 11 USC § 503	
Name of Creditor (The person or other entity to whom the dibtor owes money or property) FIRST SAVINGS BANK CUSTO DIAN FOR RANDY SANCHEZ IRA  Name and address where notices should be sent  RANDY SANCHEZ  5713 N WHITE SANDS RU  REND; NV 8751	etse your givii Che notic	ck box if you are aware that anyone has filed a proof of claim relating to claim Attach copy of statement ag particulars ck box if you have never received any ces from the bankruptcy court in this ck box if the address differs from the	
Telephone number 975-852-2083	addi the	ress on the envelope sent to you by court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Che ıf th	ck here Treplaces is claim amends a previously filed	d claim dated <u>8/10/06</u>
1 Basis for Claim  Goods sold Services performed Money loaned Personal injury/wrongful death Taxes		Retiree benefits as defined in I Wages salaries and compensal Last four digits of your SS # Unpaid compensation for servi	IUSC § 1114(a) tion (fill out below)
Taxes SEE EXHIBIT A			(men)
2 Date debt was incurred  MARCH 2004	3.	If court judgment, date obtained	
4 Classification of Claim. Check the appropriate box or boxes if See reverse side for important explanations  Unsecured Nonpriority Claim \$ 347,031.75  Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority		Secured Claim  Check this box if your claim is a right of setoff)  Brief Description of Collatera	s secured by collateral (including
Unsecured Priority Claim		Real Estate  Motor  Value of Collateral S UM	Vehicle Other
☐ Check this box if you have an unsecured claim all or part of entitled to priority	which is	Amount of arrearage and other char secured claim, if any \$_5,/2	ges at time case filed included in
Amount entitled to priority \$			
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A)	or	Up to \$2 225* of deposits toward pur or services for personal family or ho § 507(a)(7)	chase, lease or rental of property usehold use - 11 U S C
(a)(1)(B)  Wages, salaries, or commissions (up to \$10 000) * earned with days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier - 11 U S C § 507(a)(4)  Contributions to an employee benefit plan - 11 U S C. § 507(	un 180 otors □ *A	Taxes or penalties owed to government Other - Specify applicable paragraph mounts are subject to adjustment on 4/16 with respect to cases commenced on the	of 11 USC § 507(a)() 1/07 and every 3 years thereafter
5 Total Amount of Claim at Time Case Filed		347,031.95 347.031.95	347,031.95
Check this box if claim includes interest or other charges in ac interest or additional charges	ddition to t		priority) (Total) th itemized statement of all
6. Credits The amount of all payments on this claim has bee	n credited		THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contagreements and evidence of perfection of lien DO NOT SE documents are not available explain. If the documents are vol	racts court	NAL DOCUMENTS If the	D JAN 1 2 2007
8. Date-Stamped Copy To receive an acknowledgment of the addressed envelope and copy of this proof of claim	filing of yo	ur claim, enclose a stamped self-	
Date Sign and print the name and title if any, of file this claim (attach copy of power of attach)  Sign and print the name and title if any, of file this claim (attach copy of power of attach)  Sign and print the name and title if any, of file this claim (attach copy of power of attach)  Sign and print the name and title if any, of file this claim (attach copy of power of attach)	ornev if an		USA CMC

United States Bankruptcy Court	PROOF OF CLAIM					
Name of Debtor	]	se Number				
USA COMMENCIAL MORTEAGE CO	MARRAY	06-10725-LBR	1			
NOTE. This form should not be used to make a claim for	an administrative	expense arising after the commencement				
of the case A request for payment of an administrative	expense may be fil	led pursuant to 11 USC \$ 503				
Name of Creditor (The person or other entity to whom the		Check box if you are aware that anyone	1			
dibior owis money or property) SANCHEZ LIVING TRUST DATED C/O RANDY M SANCHEZO SMAROW SANCHEZO		else has filed a proof of claim relating to				
C/D RANDY M SANCHEZA SMARON SAN	CHEZ	your claim. Attach copy of statement giving particulars.				
TRUSTEES	1 .	Check box if you have never received any				
Name and address where notices should be sent	r	notices from the bankruptcy court in this				
5713 N WHITE SANDS RD	1 *	case Check box if the address differs from the				
RENO NU 895/1	a	address on the envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY			
Telephone number 775-852-2083		the court.  Check here Preplaces				
Last four digits of account or other number by which created identifies debtor	ntor (	f this claim amends a previously filed	t claim dated 8/10/06			
1 Basis for Claim		<ul><li>☐ Retiree benefits as defined in 1</li><li>☐ Wages, salaries and compensat</li></ul>	• • •			
☐ Goods sold ☐ Services performed		Last four digits of your SS #				
Money loaned		Unpaid compensation for servi				
Personal mjury/wrongful death		fromte	D			
Taxes SEE EXHIBIT A		(date)	(date)			
2 Date debt was incurred		3. If court judgment, date obtained				
Octobby 1, 2004		or in court jungment, date optamen				
4, Classification of Claim. Check the appropriate box	or boxes that best	describe your claim and state the amount of	of the claim at the time case filed			
See reverse side for important explanations.	•	Secured Claim				
Unsecured Nonpriority Claim \$ 277,066.4		Check this box if your claim is	secured by collateral (including			
Check this box if a) there is no collateral or lien s b) your claim exceeds the value of the property securing						
only part of your claim is entitled to priority	l					
Unsecured Priority Claim		Brief Description of Collateral Real Estate  Motor V	ehicle Other			
Check this box if you have an unsecured claim all	or part of which is	Value of Collateral \$ 110	iknowii			
entitled to priority	To live a sea seasons an	Amount of arrearage and other charg	ges at time case filed included in			
Amount entitled to priority \$		secured claim, if any	\$4,413.47 PM			
Specify the priority of the claim	!	☐ Up to \$2 225* of deposits toward pure	chase, lease or rental of property			
Domestic support obligations under 11 USC § 50		or services for personal, family or hou	isehold use - 11 USC			
(a)(1)(B)		§ 507(a)(7)	tol units 11 110 0 0 207/-2/02			
☐ Wages, salaries or commissions (up to \$10 000),* e	arned within 180	<ul> <li>☐ Taxes or penalties owed to governmen</li> <li>☐ Other - Specify applicable paragraph of</li> </ul>				
days before filing of the bankruptcy petition or cessation business whichever is earlier - 11 U.S.C. § 507(a)(4)						
☐ Contributions to an employee benefit plan - 11 U S		*Amounts are subject to adjustment on 4/1, with respect to cases commenced on o				
5 Total Amount of Claim at Time Case Filed	I V JUI(4)(J)	\$ 277,566.49 277,066.49	277,066-49			
		(unsecured) (secured) (p	monty) (Total)			
<ul> <li>Check this box if claim includes interest or other ch interest or additional charges</li> </ul>	arges in addition to	o the principal amount of the claim Attach	itemized statement of all			
	ım has heen credit	ed and deducted for the number of	P. O			
6. Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim						
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase						
orders invoices itemized statements of running accounts, contracts, court judgments, mortgages, security 1997						
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the FILED JAN 12 2007						
documents are not available, explain If the documents are voluminous attach a summary						
8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim enclose a stamped self- addressed envelope and copy of this proof of claim						
Date Sign and print the name and title, if any, of the creditor or other person authorized to						
file this claim (attach copy of power of attorney if apy)						
1/9/07 RANDY M SAND	HOZ /lan	dy M. sanches	USA CMC			
SHAREN SANCH	ez 🔀	LE Kondiscoulle				
Penalty for presenting fraudulent claim. Fine of up to	\$500 000 or impre	onment for up to 5 years or both 181150	1072502218			

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OF OF CLAIM			
Name of Debtor	Case Number 06-10725 LBR				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503  Name of Creditor and Address	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars			
BARBARA M. SANCHEZ P.O. BOX 90528 SANTA BARBARA, CA 93190		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address	SECURED INTE		ER THAT IS NOT
Creditor Telephone Number 803 8989848	- 1	differs from the address on the envelope sent to you by the court	Bankruptcy Court	ready filed a proof of cla t or BMC you do not no CE IS FOR COURT	eed to file again
Last four digits of account or other number by which creditor identifies of	debtor	Check here replace or or amen	a previously	y filed claım dated _	
1 BASIS FOR CLAIM	Retiree be	enefits as defined in 11 U S		Unremitted pr	ncipal
Goods sold Personal injury/wrongful death		alanes and compensation (i		Other claims a	against servicei
Services performed Taxes			5732	(not for loan b	alances)
Money loaned Under (describe briefly)	Unpaid co	empensation for services per	formed from	to	
2 DATE DEBT WAS INCURRED	3 IF CC	OURT JUDGMENT, DATE O	BTAINED	(date)	(date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				the time case filed	
See reverse side for important explanations		SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b)	vour claim	Check this box if yo	our claim is secu	red by collateral (inc	cluding
exceeds the value of the property securing it or if c) none or only part of you entitled to priority		a right of setoff)			
UNSECURED PRIORITY CLAIM		Brief description of		F-1	
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	e L Other _	
entitled to priority		Value of Collateral	\$		
Amount entitled to priority \$  Specify the priority of the claim		Amount of arrearage ar secured claim if any	nd other charges \$	s at time case filed i	ncluded in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	uni nurchase leas	e or rental of property	OF
Wages salanes or commissions (up to \$10 000)* earned within 180 days		services for personal family of	r household use -	11 U S C § 507(a)(7)	
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	H	Taxes or penalties owed to go			ļ
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other Specify applicable part  * Amounts are subject to adjust			after
		with respect to cases commen			
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED		\$		\$	
(unsecured)  Check this box if claim includes interest or other charges in addition to the	•	ecured) Imount of the claim Attach ite	( priority) mized statement i	-	rotal) onal charges
6 CREDITS The amount of all payments on this claim has been creed  7 SUPPORTING DOCUMENTS Attach copies of supporting documents are not available explain. If the comments are not available explain.	<u>uments,</u> suc agreements documents a	ch as promissory notes pure , and evidence of perfection are voluminous attach a sur	chase orders in of lien DO NO mmary	voices, itemized stat OT SEND ORIGINAL	-
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units)  BY MAIL TO	i, prevailing corporation BY HAND C	g Pacific time, on Novembers, joint ventures, trusts are OR OVERNIGHT DELIVERY TO	er 13, 2006 nd	THIS SPACE F USE O	
BY MAIL TO- BMC Group Attn USACM Claims Docketing Center	BMC Grou				ላ ድ <u>ማ</u> ስሰ፣
P O Box 911	1330 East	Franklin Avenue		FILED OCT	U D ZUUI
El Segundo CA 90245-0911 / DATE / SIGN and print the parme and title if any of the		o CA 90245 other person authorized to file		4	
DATE    D-7   SIGN and print the prime and title if any of the this claim (attach copy of power of attorn)	ney if any	oalor porouri authorized to file			
I Janour Jour				USA	A CMC

Penalty for presenting fraudulent claim is a fine of tip to \$500 000 or imprisonment for up to 5 years or both 18 U S C §§ 152 AND 3571

BALDARA M. SAUCH EZ

05A CMC 1072500467

Case 06-10725-gwz Doc 8452-3 Entered 06/13/11 17:02:05 Page 10 of 12 FORM B10 (Official Form 10) (10/05) DISTRICT OF Nevada PROOF OF CLAIM UNITED STATES BANKRUPTCY COURT Case Number Name of Debtor 06-10725-LBR COMMERCIAL MONTUAGE (O USA NOTF This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503 Check box if you are aware that anyone Name of Creditor (The person or other entity to whom the else has filed a proof of claim relating to your claim Attach copy of statement debtor owes money or property)
APTH-UR F & LYAA S SCHAFFEE THE STEETS giving particulars OF THE SCHNITZER LIMB TRUST DATED Check box if you have never received any notices from the bankruptcy court in this Name and address where notices should be sent ARTHUR JOHN TEER ARTHUR TOHN PEER 20155 NE 38 TO, #1604 Check box if the address differs from the address on the envelope sent to you by AVENTURA, FL 33180 THIS SPACE IS FOR COURT USE ONLY the court. Telephone number 305-932 8035 replaces Check here Last four digits of account or other number by which creditor amends a previously filed claim dated if this claim 0983 identifies debtor Retiree benefits as defined in 11 USC § 1114(a) Basis for Claim Wages salaries and compensation (fill out below) Last four digits of your SS # Goods sold Unpaid compensation for services performed Services performed Money loaned Personal injury/wrongful death (date) (date) SEE EXHIBIT Other · If court judgment, date obtained Date debt was incurred 2004 TUNG. 4. Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed Secured Claim See reverse side for important explanations Unsecured Nonpriority Claim \$1,774 Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority a right of setoff) Brief Description of Collateral Other Real Estate | Motor Vehicle Unsecured Priority Claim Value of Collateral \$ UNKILCE Check this box if you have an unsecured claim all or part of which is Amount of arrearage and other charges at time case filed included in entitled to priority secured claim, if any \$ 27, 233, 33 Amount entitled to priority \$\_ Up to \$2 225\* of deposits toward purchase lease or rental of property Specify the priority of the claim or services for personal family or household use - 11 U S C Domestic support obligations under 11 USC § 507(a)(1)(A) or § 507(a)(7) Taxes or penalties owed to governmental units - 11 USC § 507(a)(8) (<u>a)(1)(B)</u> Wages, salaries or commissions (up to \$10 000) \* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier 11 U S C § 507(a)(4) Other - Specify applicable paragraph of 11 USC § 507(a)(\_ \*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment Contributions to an employee benefit plan - 11 USC § 507(a)(5) 174903,40 \$1,774,903 4c 1,774,903 4c Total Amount of Claim at Time Case Filed (Total) (priority) (secured) (unsecured) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges THIS SPACE IS FOR COURT USE ONLY The amount of all payments on this claim has been credited and deducted for the purpose of Credits

7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts contracts court judgments mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous, attach a summary

8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim.

Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of powers of attorney if any).

TRUSTEE

making this proof of claim

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	S BANKRUPICY COURT	Dr	TRIC I	OI <u>Nevada</u>	PROOF OF CLAIM
Name of Debtor	USA Commercial Mortgage Company	Case	Number	06-10725-LBR	THOSI OF SEARW
NOTE This form of the case. A r	n should not be used to make a claim for an admini- equest for payment of an administrative expense m	istrative ex ay be filed	ense aris pursuant	ing after the commencements to 11 USC § 503	ent
debtor owes mon Alan & wit	(The person or other entity to whom the cy or property) R Simmons & Judith B Simmons husband fe as joint tenants with right of survivorship	else you	has filed r claim ng partici	you are aware that anyor a proof of claim relating Attach copy of statement ilars you have never received	to
ALAN PO E SOU Telephone numbo		not case	ces from ck box if	the address differs from t e envelope sent to you by	this the
Last four digits of identifies debtor	f account or other number by which creditor	1	ck here is claim	replaces amends a previously	y filed claim dated
✓ Mone Person Taxes	s sold ses performed y loaned nal injury/wrongful death		W La	ettree benefits as defined lages salaries and comp last four digits of your SS inpaid compensation for om	ensation (fill out below)  S #  services performed to
✓ Other  2 Date debt	was incurred December 2002	3	If cour	t judgment, date obtai	(date)
	priority Claim \$ 593,144 11  box if a) there is no collateral or lien securing your edds the value of the property securing it or if c) i claim is entitled to priority	r claim or none or	a right	or setorr)  Brief Description of Colla	ateral  tor Vehicle Other
Check this be entitled to priority	ox if you have an unsecured claim, all or part of w	hich is	Amour	Value of Collateral \$_	unknowncharges at time case filed included in
Specify the priority of	· · · · · · · · · · · · · · · · · · ·		Up to \$2	225* of deposits toward	purchase lease or rental of property r household use - 11 U S C
business whicheve	is or commissions (up to \$10 000) * earned within of the bankruptcy petition or cessation of the debte er is earlier 11 U S C   507(a)(4)	ors :*Am	Other Sounts are	pecify applicable paragra subject to adjustment on	mental units 11 U S C § 507(a)(8) aph of 11 U S C § 507(a)()  4/1/07 and every 3 years thereafter
	s to an employee benefit plan 11 USC \$ 507(a)		593,14		on or after the date of adjustment
Check this box	r if claim includes interest or other charges in additional charges		(samoora seo	D ( );	593,144 11 (priority) (Total) ttach itemized statement of all
6 Credits The making this pro	ne amount of all payments on this claim has been of of claim	credited ar	d deduct	ed for the purpose of	THIS SLACE IS FOR COURT USE ONLY
7 Supporting D orders invoices agreements and documents are in the support of	decuments Attach copies of supporting documents itemized statements of running accounts contract devidence of perfection of lien DO NOT SEND not available explain. If the documents are voluments are voluments are voluments.	cts court ji DORIGIN imous atta	idgments AL DOC ch a sum	mortgages security () UMENTS If the	JAN 12 2007
8 Date Stamped	Copy To receive an acknowledgment of the fill ope and copy of this proof of claim	ng of your	claım er	close a stamped self-	
Date 01/11/07	Sign and print the name and title if any of the file this claim (attach copy of power of attorn	ey if any)			
0 1/ 1 1/0/	Alan Dimmon	Alan	R Sımr	nons	USA CMC

Case 06-10725-gwz Doc 8452-3 Entered 06/13/11 17:02:05 Page 12 of 12

TOTAL DIG (Cincial) offil To) (T0/05)			
UNITED STATES BANKRUPTCY COURT	Dis	TRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor	Case Number		
USA COMMERCIAL MORTGAGE Co.	0	6-10725	
NOTE This form should not be used to make a claim for an administrative expense ma			]
Name of Creditor (The person or other entity to whom the dubtor owes money or property) LOUISE  TEETER IRA ROLLOVER	cise you givi	ck box if you are aware that anyone has filed a proof of claim relating to r claim. Attach copy of statement ing particulars	
Name and address where notices should be sent ROBERT C. LEPOME 10/20 S. EASTERN # 200 HENDERSON, NV 89.52	noti case	ck box if you have never received any ces from the bankruptcy court in this ck box if the address differs from the ress on the envelope sent to you by	THIS SPALE IS FOR COURT USE ONLY
Telephone number (702) 492-127/		court.	THE SPICE S FOR COURT USE ON T
Last four digits of account or other number by which creditor identifies debtor 274		ck here in replaces is claim in amends a previously file	ed claim dated
☐ Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death	eured 4	Retiree benefits as defined in Wages, salaries, and compensation for service from	ation (fill out below) rices performed to
Taxes NEGLICENCE & FRAUD  Other		(date)	(date)
2. Date debt was incurred JAN 1, 2005 TO APRIL 12, 2006	3.	If court judgment, date obtained	ı
4 Classification of Claim. Check the appropriate box or boxes th	at best des	cribe your claim and state the amount	of the claim at the time case filed
See reverse side for important explanations.  Unsecured Nonpriority Claim 5 197, 814		Secured Claim	
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	r claim or none or	Check this box if your claim is a right of setoff)  Brief Description of Collaters	s secured by collateral (including
Unsecured Priority Claim		Real Estate  Motor	Vehicle Other
Check this box if you have an unsecured claim all or part of we entitled to priority	vhich is	Value of Collateral \$  Amount of arrearage and other char	rees at time case filed included in
Amount entitled to priority \$		secured claim, if any \$	
Specify the priority of the claim		Up to \$2,225* of deposits toward pur	rchase, lease. Or rental of property
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) o (a)(1)(B)	_	or services for personal family or ho § 507(a)(7)	
☐ Wages, salaries, or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U.S.C. § 507(a)(4)	n 180	Taxes or penalties owed to governme Other - Specify applicable paragraph	
Dusiness, whichever is earlier - 11 U.S.C. § 507(a)(4)  Contributions to an employee benefit plan 11 U.S.C. § 507(a)		nounts are subject to adjustment on 4/. with respect to cases commenced on (	
5 Total Amount of Claim at Time Case Filed	),J)	141814	197. 214
Check this box if claim includes interest or other charges in add interest or additional charges.	lition to th	(unsecured) (secured) ( e principal amount of the claim Attac	priority) (Total) ch itemized statement of all
Credits The amount of all payments on this claim has been	credited a	and deducted for the purpose of	THEN SPACE IS HOR COURT USIA ONLY
making this proof of claim			
7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts, contra agreements and evidence of perfection of lien DO NOT SEN documents are not analysis. If the decuments are not analysis are represented in the contract of the con	acts, court DORIGI	judgments, mortgages, security NAL DOCUMENTS If the	
documents are not available, explain If the documents are volui  8. Date-Stamped Copy To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim	ime of vo	iach a summary  Ir Claim, enclose a stamped selfen	B B F B B B B B B B B B B B B B B B B B
			D DEC 0 8 2006
Date Sign and print the name and title if any of the file this claim (attach capy of power of attor	he creditor	r or other person authorized to  BARH 1980	
ROBERT C. LEPOME	274 176 4		USA CMC

Penalty for presenting fraudulent claim. Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 U.S.

USA CMC 1072501581